

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS8060ADC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>A NEW DAY ADULT DAYCARE &amp; OUTPATIENT TREAT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3660 N RANCHO DRIVE, STE 113 LAS VEGAS, NV 89130</b>		
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U 000	<p><b>INITIAL COMMENTS</b></p> <p>This Statement of Deficiencies was generated as a result of the State Licensure survey completed on your facility on 4/22/15. The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986.</p> <p>The facility was licensed for 40 total day care clients. The census at the time of the survey was 28. Sixteen client files were reviewed and twelve employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	U 000		
U 56 SS=E	<p><b>449.4072 DIRECTOR AND EMPLOYEES</b></p> <p>3. Every employee of the facility: (b) Shall provide the division: (1) upon his initial employment, with the results of a physical examination conducted within the preceding 6 months, or with a copy of his medical records for the preceding 3 years, certified by a physician.</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected</p>	U 56		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

05/22/15

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U 56	<p>Continued From page 1</p> <p>cases; surveillance and testing of employees; counseling and preventive treatment.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered.</p> <p>A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>Based upon record review and interview, the facility failed to ensure 3 of 12 sampled employees met requirements regarding tuberculosis (TB) testing and pre-employment examinations (Employee #8, #9 and #11).</p>	U 56		

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U 56	Continued From page 2  Findings include:  Employee #8 was hired on 4/6/15 as a contracted therapist. On 4/20/15 in the morning, the employee file lacked documented evidence of a pre-employment physical examination and a two-step TB test.  Employee #9 was hired on 4/6/15 as a contracted therapist. On 4/20/15 in the morning, the employee file lacked documented evidence of a pre-employment physical examination and a two-step TB test.  Employee #11 was hired on 2/1/15 as a volunteer licensed practical nurse. On 4/20/15 in the morning, the employee file contained one-step TB tests with read dates of 2/21/13, 3/3/14 and 3/2/15, all with negative results. The employee file lacked documented evidence of a two-step TB test.  This was a repeat deficiency from the 12/14/14 State Licensure Follow Up Survey.  Severity: 2 Scope: 2	U 56		
U 65 SS=I	449.40723 SUPERVISION OF CLIENTS; VOLUNTEERS  1. A client must be supervised by an employee of the facility at all times during the operating hours of the facility. The employee shall report a change in any physical, mental, emotional or social function of the client to the director of the facility. These reports must be included in the client's file. This Regulation is not met as evidenced by: Based on observation and interview, the facility	U 65		

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U 65	<p>Continued From page 3</p> <p>failed to ensure clients were supervised at all times during the operating hours of the facility.</p> <p>Findings Include:</p> <p>-On 3/31/15 in the morning, observed several clients exiting the facility and standing around outside of the building with no caregiver in the immediate area.</p> <p>-On 3/31/15 at 10:20 AM, observed clients outside and an interview with Client #7 (diagnosed with hypertension, diabetes and lower back pain) revealed that they, along with three other clients, walked to the gas station a couple of times a day without any staff accompanying them.</p> <p>On 3/31/15 at 10:40 AM, an interview with the Office Manager confirmed the clients were going to the gas station daily unsupervised, indicating she thought the practice was okay since they were able bodied.</p> <p>-On 3/31/15 at 10:00 AM and 11:00 AM, observed a client sitting in the puzzle room without a caregiver in the immediate area.</p> <p>-On 3/31/15 in the afternoon, the Office Manager was assisting surveyors gathering requested information when a scream was heard coming from the room on the north west side of the building. When the surveyor arrived to investigate, the Office Manager was standing in the doorway, indicating that Client #1 (diagnosed with mental retardation, paranoid schizophrenia and bipolar disorder) was upset because people were sitting in the recliner without his permission.</p> <p>Severity: 3 Scope: 3</p>	U 65		

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U 85 SS=C	<p>449.4073 Files Concerning Employees</p> <p>A separate file must be maintained and kept current on each employee. The file must include the following:</p> <p>1. The employee's:</p> <p>(f) Application for employment.</p> <p>This Regulation is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure 7 of 12 employee files contained an employee application (Employee #2, #6, #8, #9, #10, #11 and #12).</p> <p>Findings include:</p> <p>Employee #2 was hired on 3/16/15 as a Consumer Representative/Driver. On 3/31/15 in the afternoon, the employee file lacked documented evidence of an employee application.</p> <p>Employee #6 was hired on 2/20/15 as an Advanced Nurse Practitioner. On 3/31/15 in the afternoon, the employee file lacked documented evidence of an employee application.</p> <p>Employee #8 was hired on 4/6/15 as a Therapist. On 3/31/15 in the afternoon, the employee file lacked documented evidence of an employee application.</p> <p>Employee #9 was hired on 4/6/15 as a Therapist. On 3/31/15 in the afternoon, the employee file lacked documented evidence of an employee application.</p> <p>Employee #10 was hired on 3/30/15 as an Neurofeedback Technician, Independent Contractor. On 3/31/15 in the afternoon, the employee file lacked documented evidence of an</p>	U 85		

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U 85	Continued From page 5  employee application.  Employee #11 was hired on 2/1/15 as a volunteer Licensed Practical Nurse. On 3/31/15 in the afternoon, the employee file lacked documented evidence of an employee application.  Employee #12 was hired on 4/7/15 as a volunteer Registered Nurse. On 3/31/15 in the afternoon, the employee file lacked documented evidence of an employee application.  On 3/31/15 in the afternoon, the Office Manager acknowledged the missing information.  Severity: 1 Scope: 3	U 85		
U 95 SS=F	449.4073 Files Concerning Employees  A separate file must be maintained and kept current on each employee. The file must include the following: 11. Proof that the employee received the required orientation at the facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 6 of 12 employees received required orientation at the facility (Employee #6, #8, #9, #10, #11 and #12).  Findings include:  Employee #6, #8, #9, #10, #11 and #12 were all contracted employees. On 4/20/15 in the afternoon, the employee files lacked documented evidence that the employee received the required orientation at the facility.  This was a repeat deficiency from the 12/14/14	U 95		

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U 95	Continued From page 6  State Licensure Follow Up Survey.  Severity: 2    Scope: 3	U 95		
U140 SS=D	449.4078 Requirements for Admission  1. Each client shall, before he is admitted to the facility, provide the facility with: (a) The results of a physical examination conducted by a physician, physician's assistant or advanced practitioner of nursing, within the preceding 6 months. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 11 clients had a physical examination (Client #2).  Findings include:  Client #2 began service on 2/11/15. On 3/31/15 in the afternoon, the file for Client #2 lacked documented evidence of a complete physical examination.  On 3/31/15 at 4:10 PM, the Office Manager acknowledged the missing documentation.  Severity: 2    Scope: 1	U140		
U142 SS=F	449.4078 Requirements for Admission  1. Each client shall, before he is admitted to the facility, provide the facility with: (c) A statement from his physician which indicates that the facility is an appropriate setting for the client. This Regulation is not met as evidenced by: Based on record review and observation, the facility failed to ensure client files contained	U142		

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U142	<p>Continued From page 7</p> <p>complete information regarding an Adult Day Care being appropriate for the client.</p> <p>Findings include:</p> <p>On 3/31/15, review of 15 client files revealed that the medical professional checked that the client was appropriate for an Adult Day Care, however the next information area to describe why the client was appropriate was blank on all of the files.</p> <p>On 3/31/15, review of the client files revealed several of the diagnoses of the clients, and medical information associated with the diagnoses, would require a higher level of care as evidenced by:</p> <p>-Client #2, date of birth 12/9/92. The client file documented diagnoses of seizure disorder since infancy, refractory and mental retardation. The Legally Responsible Relative Waiver dated 3/11/15 noted the client was severely limited due to mental retardation and needed guidance for all activities of daily living. The physical assessment on 2/25/15 indicated the client must wear a helmet when outside at all times to protect against falls during seizures and needed additional supervision for wandering, risk of harm and falls. On 3/31/15 in the afternoon, observed the client exiting the building and getting into the facility van without a helmet.</p> <p>Client #2 was prescribed Trileptal 600 milligrams (mg) 2 twice a day, Trazadone 50 mg once daily, Keppra 250 mg 2 twice a day, Banzel 400 mg 2 twice a day, Levetiracetam 500 mg 2 twice a day, Oxcarbazepine 600 mg 2 twice a day. The client was also prescribed Clonazepam MLT in the event of seizure. On 3/31/15 at 4:00 PM,</p>	U142		

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U142	<p>Continued From page 8</p> <p>interview with the Office Manager revealed there was no nurse on duty to administer the medication if needed.</p> <p>-Client #6, date of birth 7/31/96. The client file documented diagnoses of depression, schizophrenia, seizures, history of suicide attempts, mood disorder, attention deficit hypertensive disorder and ulcerative colitis. The client was prescribed Prednisone 10 mg, Ciprofloxacin HCL 500 mg, Metronidazole 500 mg, Melatonin 3 mg, Tramadol HCL 50 mg, Vyvanse 20 mg and Oxycodone 5/325 mg.</p> <p>-Client #11, date of birth 4/16/31. The client file documented diagnoses of impaired mobility, hypertension and diabetes. The Universal Needs Assessment Tool documented risk of harm and falls and need for a secured unit. The client was prescribed Spironolactone 25 mg once a day, Amlodipine 25 mg once a day, Metoprolol 50 mg once a day, Loratadine 10 mg once a day, Ibuprofen 600 mg once a day, Glimepiride 2 mg once a day, Lisinopril 10 mg 1 three times a day and Crestor 40 mg once a day.</p> <p>During an interview with the Office Manager on 3/31/15 at 2:30 PM, she reported the facility assesses Client #11's range of motion exercises, gait and speech. When asked how those functions are accurately assessed, the Office Manager stated "...well, if she uses her wheelchair less, then we know she is doing better." When asked how do you know the client's baseline if you have never had a client assessment, the Office Manager's response was "I don't know that. We just ask the client how things are going when the physical therapist visits at home."</p>	U142		

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U142	Continued From page 9  -Client #12, date of birth 12/7/45. The client file documented diagnoses of schizoaffective disorder, bipolar type, hypertension and COPD. The Universal Needs Assessment Tool documented wandering, risk of harm and falls. The client was prescribed Risperidone 3 mg twice a day, Pantoprazole 40 mg once a day, Levothyroxine 0.5 mg once a day, Quetiapine 300 mg 2 at bedtime, Hydrocodone/Acetaminophen 7.5 mg 1 three times a day and Simvastatin 10 mg 1 at bedtime.  -Client #15, date of birth 2/25/43. The client file documented diagnoses of impaired mobility, adjustment disorder with mixed anxiety, depressive mood, paranoid schizophrenia in presence of auditory hallucination, neuropathy, diabetes and osteoarthritis. The 3/18/15 Universal Needs Assessment Tool documented risk of harm and falls. The client was prescribed Gabapentin 100 mg once a day, Metformin 500 mg once a day and Lisinopril 10 mg once a day.  -Client #16, date of birth 1/6/1975. The client file documented diagnoses of bipolar disorder, hyperlipidemia, borderline mental retardation and obesity. It was noted that the client dislikes people touching her, loud noises or slamming of doors.  Severity: 2 Scope: 3	U142		
U160 SS=D	449.4081 Administration of Medication  1. If the facility accepts a client who can not administer his own medication, an employee licensed to administer medications must administer the medication to him. This Regulation is not met as evidenced by:	U160		

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U160	Continued From page 10  Based on record review and observation, the facility failed to ensure an employee licensed to administer medication was available to administer to a client per physician order (Client #2).  Findings include:  -Client #2, date of birth 12/9/92. The client file documented diagnoses of seizure disorder since infancy, refractory and mental retardation. The Legally Responsible Relative Waiver dated 3/11/15 noted the client was severely limited due to mental retardation and needed guidance for all activities of daily living. The physical assessment on 2/25/15 indicated the client must wear a helmet when outside at all times to protect against falls during seizures and needed additional supervision for wandering, risk of harm and falls. On 3/31/15 in the afternoon, observed the client exiting the building and getting into the facility van without a helmet.  Severity: 2    Scope: 1	U160		
U170 SS=D	449.4082 Service of Food; Dietary Consultants  1. Adequate facilities and equipment for the preparation, service and storage of food must be provided and meet the standards of the division. This Regulation is not met as evidenced by: Based on observation on 03/31/15, the facility failed to ensure the kitchen complied with the standards of NAC 446.  Findings include:  1. Major Violations:	U170		

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U170	Continued From page 11  a. A wet rag was observed in the sanitizer bucket without water and sanitizer.  b. Washed, rinsed, and sanitized pans were observed stored while still wet.  Severity: 2 Scope: 1	U170		
U193 SS=D	449.40835 Records  2. An individual file must be maintained for each client and retained for 5 years after he permanently discontinues his use of the facility. Each such file must be kept in a locked place which is resistant to fire and must be available only to authorized persons. The file must contain all records, letters and other information related to the client, including: (a) His forms for application and enrollment.  This Regulation is not met as evidenced by: Based on record review, document review and interview, the facility failed to ensure the records for 9 of 16 clients were complete (Client #2, #4, #6, #11, #12, #13, #14, #15 and #16).  Findings include:  Client #2 began services on 3/12/15. On 4/20/15 in the afternoon, the file for Client #2 lacked documented evidence of client religion, occupation, telephone number of next of kin/guardian and physician telephone number.  Client #4 began services on 2/6/15. On 4/20/15 in the afternoon, the file for Client #4 lacked documented evidence of social security number, client religion, occupation, next of kin/guardian	U193		

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NAME OF PROVIDER OR SUPPLIER  <b>A NEW DAY ADULT DAYCARE &amp; OUTPATIENT TREAT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3660 N RANCHO DRIVE, STE 113 LAS VEGAS, NV 89130</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U193	<p>Continued From page 12</p> <p>and address of next of kin/guardian.</p> <p>Client #6 began services on 2/25/15. On 4/20/15 in the afternoon, the file for Client #6 lacked documented evidence of social security number, religion and occupation.</p> <p>Client #11 began services on 3/25/15. On 3/31/15 in the afternoon, the file for Client #11 revealed no documented evidence of application and enrollment forms, physician name and phone number, and initial evaluation. The medical information was incomplete and the signed authorization for medical treatment was missing the confirmation that the client was appropriate for Adult Day Care.</p> <p>-On 3/31/15 Client #11 was observed in the facility with the other clients receiving services from mid morning until mid afternoon.</p> <p>-On 3/31/15, according to facility practice, the clients are asked to sign in and out each day. The Consumer's Sign-in Sheets for 3/24/15, 3/25/15, 3/26/15 and 3/31/15 indicated the client was at the facility. No complete entry or exit times were written on the sheets.</p> <p>-On 3/31/15 at 3:50 PM, the Office Manager acknowledged the missing information, indicating the client had been at the facility all week and was in the process of intake.</p> <p>Client #12 began services on 4/9/15. On 4/20/15 in the afternoon, the file for Client #12 lacked documented evidence of social security number and occupation.</p> <p>Client #13 began services on 4/10/15. On 4/20/15 in the afternoon, the file for Client #13</p>	U193		

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U193	Continued From page 13  lacked documented evidence of social security number, occupation, address of next of kin/guardian and a signed authorization for medical treatment.  On 4/20/15 in the afternoon, the file for Client #14 lacked documented evidence of occupation.  Client #15 began services on 4/10/15. On 4/20/15 in the afternoon, the file for Client #15 lacked documented evidence of occupation and physician telephone number.  Client #16 began services on 4/10/15. On 4/20/15 in the afternoon, the file for Client #16 lacked documented evidence of a physician and physician telephone number.  Severity: 2      Scope: 3	U193		
U205 SS=F	449.4084 Contract for Provision by Another Person  2. The contract must: (e) Require the person providing the service to furnish his clinical notes and observations of a client for the file of the client. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure clinical notes and observations of the clients were included in the client files.  Findings include:  On 3/31/15 in the afternoon, review of 11 client files revealed no documented evidence of clinical notes or observations of the clients.  On 4/20/15 in the afternoon, review of five	U205		

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U205	Continued From page 14  additional client files revealed no documented evidence of clinical notes or observations of the clients.  On 3/31/15 at 4:10 PM, the Office Manager confirmed the deficiency, indicating clinical notes may have been kept somewhere else.  Severity: 2    Scope: 3	U205		
U208 SS=F	449.4084 Contract for Provision by Another Person  2. The contract must: (h) Assure that the service and any person providing the service meet the same qualifications as required for employees of and services provided by the facility. This Regulation is not met as evidenced by: NAC 449.4084 Contract for provision by another person. (NRS 449.0302) 1. A medical or ancillary service not directly provided by the facility may be provided by another person pursuant to a contract. 2. The contract must: (a) Be in writing; (b) Designate the service provided, the manner in which it will be provided and the geographical area to be served; (c) Describe the manner in which the person providing the service will be supervised; (d) Describe how the service will be coordinated with other services at the facility; (e) Require the person providing the service to furnish his or her clinical notes and observations of a client for the file of the client; (f) Specify the method of determining charges for the service and the method for reimbursement by the facility;	U208		

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U208	<p>Continued From page 15</p> <p>(g) Specify the period of the contract and how frequently it is to be reviewed; and (h) Assure that the service and any person providing the service meet the same qualifications as required for employees of and services provided by a facility.</p> <p>Based on record review and interview, the facility failed to ensure 6 of 6 volunteer or contracted employees met the same qualifications as required for employees of the facility (Employee #6, #7, #8, #9, #10, #11 and #12).</p> <p>Findings include:</p> <p>Employee #6 was hired on 2/20/15 as a contracted nurse practitioner. On 3/31/15 in the afternoon, the employee file lacked documented evidence of an employee application and proof of employee orientation.</p> <p>Employee #8 was hired on 4/6/15 as a contracted therapist. On 4/20/15 in the afternoon, the employee file lacked documented evidence of a written contract for services, an employee application and proof of employee orientation.</p> <p>Employee #9 was hired on 4/6/15 as a contracted therapist. On 4/20/15 in the afternoon, the employee file lacked documented evidence of a written contract for services, an employee application and proof of employee orientation.</p> <p>Employee #10 was hired on 3/30/15 as an independent contractor as a neurofeedback technician. On 4/20/15 in the afternoon, the employee file lacked documented evidence of an employee application and proof of employee orientation.</p>	U208		

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U208	Continued From page 16  Employee #11 was hired on 2/1/15 as a volunteer licensed practical nurse. On 4/20/15 in the afternoon, the employee file lacked documented evidence of a written contract for services, an employee application and proof of employee orientation.  Employee #12 was hired on 4/7/15 as a volunteer registered nurse. On 4/20/15 in the afternoon, the employee file lacked documented evidence of a written contract for services, an employee application and proof of employee orientation.  On 3/31/15 in the afternoon and on 4/20/15 in the afternoon, the Office Manager acknowledged the missing documentation.  Severity: 2 Scope: 3	U208		
U230 SS=D	449.4087 Written Assessments of Clients  Upon admission, an initial written assessment must be made of any person admitted to the facility. Within 30 days after admission, another written assessment must be completed which must include: 1. An evaluation of the clients physical and mental health. This Regulation is not met as evidenced by: Based on record review, document review and interview, the facility failed to ensure an initial written assessment was made for 1 of 11 clients (Client #11).  Findings include:  Client #11 began services on 3/25/15. On 3/31/15 in the afternoon, the file for Client #11 revealed no documented evidence of an initial	U230		

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U230	Continued From page 17  written assessment.  On 3/31/15 Client #11 was observed in the facility with the other clients receiving services from mid morning until mid afternoon.  On 3/31/15, according to facility practice, the clients are asked to sign in and out each day. The Consumer's Sign-in Sheets for 3/24/15, 3/25/15, 3/26/15 and 3/31/15 indicated the client was at the facility. No complete entry or exit times were written on the sheets.  On 3/31/15 at 3:50 PM, the Office Manager acknowledged the missing information, indicating the client had been at the facility all week and was in the process of intake.  Severity: 2      Scope: 1	U230		
U240 SS=D	449.4088 Plan of Care  1. A written plan of care must be prepared for each client that provides a balance of activities to meet the client's needs and interests. The client, his next of kin or guardian or other person responsible for him and other providers of service to him may contribute to the development and carrying out of the plan. A copy of the plan must be included in the client's file. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure a written plan of care was completed for 1 of 11 clients (Client #11).  Findings include:  Client #11 began services on 3/25/15. On 3/31/15 in the afternoon, the file for Client #11	U240		

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U240	Continued From page 18  revealed no documented evidence of a written plan of care.  On 3/31/15 Client #11 was observed in the facility with the other clients receiving services from mid morning until mid afternoon.  On 3/31/15, according to facility practice, the clients are asked to sign in and out each day. The Consumer's Sign-in Sheets for 3/24/15, 3/25/15, 3/26/15 and 3/31/15 indicated the client was at the facility. No complete entry or exit times were written on the sheets.  On 3/31/15 at 3:50 PM, the Office Manager acknowledged the missing information, indicating the client had been at the facility all week and was in the process of intake.  Severity: 2      Scope: 1	U240		
U245 SS=C	449.4088 Plan of Care  2. Each plan must include: (e) A schedule for achieving the objectives of the plan with provisions for review of the plan. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 9 of 12 clients had a schedule for achieving the objectives of the plan of care (Client #2, #4, #6, #11, #12, #13, #14, #15 and #16).  Findings include:  On 4/20/15 in the afternoon, review of the files for Client #2, #4, #6, #11, #12, #13, #14, #15 and #16 revealed the files lacked documented evidence of a schedule for achieving the plan of care objectives.	U245		

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U245	Continued From page 19	U245		
	Severity: 1      Scope: 3			
U9999	Final Comment  Final Comment NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified	U9999		

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U9999	Continued From page 20  person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not	U9999		

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U9999	Continued From page 21  able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.	U9999		

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U9999	<p>Continued From page 22</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record.</p> <p>Based on record review and interview, the facility failed to ensure 13 of 16 clients complied with requirements for tuberculosis (TB) testing (Client #1, #2, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12 and #15).</p> <p>Findings include:</p> <p>Client #1 began service on 2/6/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of a read date of 12/17/14 and a read date of 12/24/14, both with negative results. There were no inject dates documented.</p> <p>Client #2 began service on 2/11/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of an inject date of 2/18/15 and an inject date of 2/25/15, both with negative results. There were no read dates documented.</p> <p>Client #3 began service on 2/2/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of a read date of 1/21/15 and a read date of 1/28/15, both with negative results. There were no inject dates documented.</p> <p>Client #4 began service on 2/2/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The</p>	U9999		

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U9999	<p>Continued From page 23</p> <p>client file contained evidence of an inject date of 1/21/15 and an inject date of 1/28/15, both with negative results. There were no read dates documented.</p> <p>Client #5 began service on 3/6/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of a read date of 2/4/15 and a read date of 2/11/15, both with negative results. There were no inject dates documented.</p> <p>Client #6 began service on 2/25/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of an inject date of 1/21/15 and an inject date of 1/28/15, both with negative results. There were no read dates documented.</p> <p>Client #7 began service on 2/11/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of a read date of 2/11/15 and a read date of 2/18/15, both with negative results. There were no inject dates documented.</p> <p>Client #8 began service on 2/25/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of a read date of 1/21/15 and a read date of 1/28/15, both with negative results. There were no inject dates documented.</p> <p>Client #9 began service on 2/2/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The</p>	U9999		

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Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS8060ADC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>A NEW DAY ADULT DAYCARE &amp; OUTPATIENT TREAT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3660 N RANCHO DRIVE, STE 113 LAS VEGAS, NV 89130</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U9999	<p>Continued From page 24</p> <p>client file contained evidence of a read date of 12/17/14 and a read date of 12/23/14, both with negative results. There were no inject dates documented.</p> <p>Client #10 began service on 2/11/15. On 3/31/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of a read date of 2/11/15 and a read date of 2/11/15, both with negative results. There were no inject dates documented.</p> <p>Client #11 began service on 3/25/15. On 4/20/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of a read date of 3/25/15 and a read date of 4/2/15, both with negative results. There was no inject dated documented.</p> <p>Client #12 began service on 4/9/15. On 4/20/15 in the afternoon, the client file contained a chest x-ray dated 1/29/14 with a negative result. The client file lacked documented evidence of a positive TB test.</p> <p>Client #15 began service on 4/10/15. On 4/20/15 in the afternoon, the client file lacked documented evidence of a complete two-step TB test. The client file contained evidence of a read date of 3/18/15 and an illegible read date in 3/15, both with negative results.</p> <p>On 3/31/15 at 4:10 PM and on 4/20/15 in the afternoon, the Office Manager acknowledged the deficiencies.</p> <p>Severity: 2    Scope: 3</p>	U9999		

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U9999	Continued From page 25  NRS 449.123 Initial and periodic investigations of employee, employee of temporary employment service or independent contractor of facility, hospital, agency, program or home; penalty. 1. Except as otherwise provided in subsections 2 and 3, within 10 days after hiring an employee, accepting an employee of a temporary employment service or entering into a contract with an independent contractor, the administrator of, or the person licensed to operate a facility, hospital, agency, program or home shall: (a) Obtain a written statement from the employee, employee of the temporary employment service or independent contractor stating whether he or she has been convicted of any crime listed in NRS 449.174; (b) Obtain an oral and written confirmation of the information contained in the written statement obtained pursuant to paragraph (a); (c) Obtain proof that the employee, employee of the temporary employment service or independent contractor holds any required license, permit or certificate; (d) Obtain from the employee, employee of the temporary employment service or independent contractor one set of fingerprints and a written authorization to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; (e) Submit to the Central Repository for Nevada Records of Criminal History the fingerprints obtained pursuant to paragraph (d) to obtain information on the background and personal history of each employee, employee of a temporary employment service or independent contractor to determine whether the person has been convicted of any crime listed in NRS	U9999		

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NAME OF PROVIDER OR SUPPLIER  <b>A NEW DAY ADULT DAYCARE &amp; OUTPATIENT TREAT</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3660 N RANCHO DRIVE, STE 113 LAS VEGAS, NV 89130</b>		
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U9999	Continued From page 26  449.174; and (f) If an Internet website has been established pursuant to NRS 439.942 <NRS-439.html>: (1) Screen the employee, employee of the temporary employment service or independent contractor using the Internet website. Upon request of the Division, proof that the employee, temporary employee or independent contractor was screened pursuant to this subparagraph must be provided to the Division. (2) Enter on the Internet website information to be maintained on the website concerning the employee, employee of the temporary employment service or independent contractor. 2. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home is not required to obtain the information described in subsection 1 from an employee, employee of a temporary employment service or independent contractor if his or her fingerprints have been submitted to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report within the immediately preceding 6 months and the report of the Federal Bureau of Investigation indicated that the employee, employee of the temporary employment service or independent contractor has not been convicted of any crime set forth in NRS 449.174. 3. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home is not required to obtain the information described in subsection 1, other than the information described in paragraph (c) of subsection 1, from an employee, employee of a temporary employment service or independent contractor if: (a) The employee, employee of the temporary employment service or independent contractor agrees to allow the administrator of, or the person	U9999		

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U9999	Continued From page 27  licensed to operate, a facility, hospital, agency, program or home to receive notice from the Central Repository for Nevada Records of Criminal History regarding any conviction and subsequent conviction of the employee, employee of the temporary employment service or independent contractor of a crime listed in NRS 449.174; (b) An agency, board or commission that regulates an occupation or profession pursuant to title 54 of NRS or temporary employment service has, within the immediately preceding 5 years, submitted the fingerprints of the employee, employee of the temporary employment service or independent contractor to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) The report of the Federal Bureau of Investigation indicated that the employee, employee of the temporary employment service or independent contractor has not been convicted of any crime set forth in NRS 449.174. 4. The administrator of, or the person licensed to operate, a facility, hospital, agency, program or home shall ensure that the information concerning the background and personal history of each employee, employee of a temporary employment service or independent contractor who works at the facility, hospital, agency, program or home: (a) Except as otherwise provided in subsection 2, is completed as soon as practicable, and if residential services are provided to children, before the employee, employee of the temporary employment service or independent contractor provides any care or services to a child in the facility, hospital, agency, program or home without supervision; and (b) At least once every 5 years after the date of	U9999		

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U9999	Continued From page 28  the initial investigation. 5. The administrator or person shall, when required: (a) Obtain one set of fingerprints from the employee, employee of the temporary employment service or independent contractor; (b) Obtain written authorization from the employee, employee of the temporary employment service or independent contractor to forward the fingerprints obtained pursuant to paragraph (a) to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and (c) Submit the fingerprints to the Central Repository for Nevada Records of Criminal History or, if the fingerprints were submitted electronically, obtain proof of electronic submission of the fingerprints to the Central Repository for Nevada Records of Criminal History. 6. Upon receiving fingerprints submitted pursuant to this section, the Central Repository for Nevada Records of Criminal History shall determine whether the employee, employee of the temporary employment service or independent contractor has been convicted of a crime listed in NRS 449.174 and immediately inform the Division and the administrator of, or the person licensed to operate, the facility, hospital, agency, program or home at which the person works whether the employee, employee of the temporary employment service or independent contractor has been convicted of such a crime. 7. The Central Repository for Nevada Records of Criminal History may impose a fee upon a facility, hospital, agency, program or home that submits fingerprints pursuant to this section for the reasonable cost of the investigation. The facility, hospital, agency, program or home may recover	U9999		

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U9999	<p>Continued From page 29</p> <p>from the employee or independent contractor whose fingerprints are submitted not more than one-half of the fee imposed by the Central Repository. If the facility, hospital, agency, program or home requires the employee or independent contractor to pay for any part of the fee imposed by the Central Repository, it shall allow the employee or independent contractor to pay the amount through periodic payments. The facility, hospital, agency, program or home may require a temporary employment service which employs a temporary employee whose fingerprints are submitted to pay the fee imposed by the Central Repository. A facility, hospital, agency, program or home shall notify a temporary employment service if a person employed by the temporary employment service is determined to be ineligible to provide services at the facility, hospital, agency, program or home based upon the results of an investigation conducted pursuant to this section.</p> <p>8. Unless a greater penalty is provided by law, a person who willfully provides a false statement or information in connection with an investigation of the background and personal history of the person pursuant to this section that would disqualify the person from employment, including, without limitation, a conviction of a crime listed in NRS 449.174, is guilty of a misdemeanor.</p> <p>Based on record review, document review and interview, the facility failed ensure 4 of 12 employees complied with background check requirements per NRS 449.123 (Employee #8, #9, #11 and #12).</p> <p>Findings include:</p> <p>Employee #8 was hired on 4/6/15 as a contracted therapist. On 4/20/15 in the afternoon, the file for</p>	U9999		

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U9999	<p>Continued From page 30</p> <p>Employee #8 lacked documented evidence of a State or FBI background check.</p> <p>Employee #9 was hired on 4/6/15 as a contracted therapist. On 4/20/15 in the afternoon, the file for Employee #9 lacked documented evidence of a State or FBI background check.</p> <p>Employee #11 was hired on 2/1/15 as a volunteer licensed practical nurse. On 4/20/15 in the afternoon, the file for Employee #11 lacked documented evidence of a State or FBI background check.</p> <p>Employee #12 was hired on 4/7/15 as a volunteer registered nurse. On 4/20/15 in the afternoon, the file for Employee #12 lacked documented evidence of a State or FBI background check.</p> <p>On 4/20/15 in the afternoon, review of the State Surveyor Report for background checks confirmed that no background checks had been initiated for these employees.</p> <p>On 4/20/15 in the afternoon, the Program Manager indicated an unawareness that contractors or volunteers required background checks.</p> <p>This was a repeat deficiency from the 12/14/14 State Licensure Follow Up Survey.</p> <p>Severity: 2      Scope: 2</p> <p>Based on record review and interview, the Director failed to ensure 1 of 12 employees or contractors received initial training in the recognition, prevention and response to elder</p>	U9999		

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U9999	<p>Continued From page 31</p> <p>abuse per NRS 449.093 (Employee #8).</p> <p>Findings include:</p> <p>On 4/20/15 in the afternoon, the file for Employee #8 lacked documented evidence of initial elder abuse training.</p> <p>On 4/20/15 in the afternoon, the Program Manager acknowledged the deficiency.</p> <p>This was a repeat deficiency from the 12/14/14 State Licensure Follow Up Survey.</p> <p>Severity: 2    Scope: 1</p>	U9999		

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